

<b>TRANSMITTAL FORM</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Application Number</td> <td>10/517,869-Conf. #3025</td> </tr> <tr> <td>Filing Date</td> <td>October 12, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Anders LEHMANN</td> </tr> <tr> <td>Art Unit</td> <td>1614</td> </tr> <tr> <td>Examiner Name</td> <td>P. G. Spivack</td> </tr> <tr> <td>Attorney Docket Number</td> <td>5999-0517PUS1</td> </tr> </table>	Application Number	10/517,869-Conf. #3025	Filing Date	October 12, 2005	First Named Inventor	Anders LEHMANN	Art Unit	1614	Examiner Name	P. G. Spivack	Attorney Docket Number	5999-0517PUS1
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<p style="text-align: center; font-size: small;">(to be used for all correspondence after initial filing)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Total Number of Pages in This Submission</td> <td></td> </tr> </table>		Total Number of Pages in This Submission											
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ENCLOSURES (Check all that apply)				
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Response to Unity of Invention Requirement		
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP		
Signature			
Printed name	Andrew D. Meikle		
Date	June 18, 2007	Reg. No.	32,868